

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068257

FILED
Feb 17, 2009
Secretary of State

Entity Name: BRANDON HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

9270 BAY PLAZA BLVD.
STE 620
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

9270 BAY PLAZA BLVD.
STE 620
TAMPA, FL 33619

New Mailing Address:

FEI Number: 30-0088362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBSMITH, LINDA
9251 DAYFLOWER DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUBSMITH, LINDA
Address: 9251 DAYFLOWER DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: CHIARAMONTE, JOSEPH
Address: 2505 MILLER WOOD COURT
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: UMBERGER, JULIE
Address: 2328 VALRICO FOREST DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE UMBERGER

D

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date